



A TTI FIELD GUIDE

The Pre-Appointment Trust Sequence

Seven moves that build a patient's confidence in you before they ever sit in your chair.

THE TEAM TRAINING INSTITUTE

Practice growth through people, systems, and trust.

THE PREMISE

Trust is built before the appointment, not during it

Case acceptance is not a closing skill. It is a trust score.

Patients say yes to treatment in direct proportion to the confidence they have in the doctor and the team recommending it. That confidence does not get built in the operatory. Most of it is already built — or already lost — before the patient ever walks through your door.

The Pre-Appointment Trust Sequence is everything that happens between “I'd like to make an appointment” and “Good morning, Mrs. Jones, we've been expecting you.” Seven touches. Each one is small. Together they decide what kind of patient walks in: a skeptic who needs to be convinced, or someone who already believes you.

Every one of these seven steps is something your practice is already doing. The question is whether you're doing it on purpose.

The drip principle

Start the sequence the moment the appointment is made. Then space it out.

Everything arriving at once reads as a mass mailing. The same information released over several days reads as a practice that is thinking about you. One exception: if the patient is coming in today or tomorrow, send it all now. Timing beats elegance.

WHEN	TOUCH
At booking	Warm, well-trained human on the phone
Within the hour	Digital paperwork link
Within 24 hours	The Shock and Awe package
2 weeks prior	Reminder — catches conflicts while they're still fixable
2 days prior	Reminder
1 day prior	The doctor's personal call
2 hours prior	Reminder — the one most practices skip
On arrival	Greeted by name, unprompted

The seven steps

1 Answer the phone

The average dental practice in the United States answers roughly 60% of the calls that come in during normal business hours. Four out of every ten people who tried to hand you their business got a ring tone instead.

Nothing else in this sequence matters if the sequence never starts. Before you improve one thing about how the call goes, make sure the call gets picked up.

2 Answer the phone well

A warm, well-trained human on the other end is one of the largest trust builders in your practice — and one of the least expensive.

Train your team on the 50 questions patients ask most often, and make sure they have the right answer to all 50. Warmth without accuracy is pleasant. Accuracy without warmth is a database. New patients need both.

AI can answer your phones now. It will do it consistently and it will never call in sick. What it will not do is make a nervous 44-year-old who hasn't seen a dentist in nine years feel like this is going to be okay. That part is still a human job.

3 Send the paperwork digitally

Send every form ahead of time, in a format the patient can complete on a phone and that flows straight into your practice management software. Nobody should be re-keying anything.

Include a printable version too. Some patients want a pen. Let them have one.

- Patient registration
- New patient information
- Health history, including a current medication list
- Insurance information

4 Send the Shock and Awe package

A single PDF containing everything a new patient wants to know about your practice and is too polite to ask. This is the heaviest lift in the sequence and the one that does the most work, so it gets its own section, beginning on page 5.

5 Run a real reminder sequence

Email, text, or call at three points: two weeks out, two days out, and two hours out.

Two weeks catches the calendar conflict while it can still be moved. Two days is the one everybody does. Two hours is the one most practices skip — and it is the one that saves the appointment.

6 The doctor calls the day before

Ninety seconds. Highest-leverage item on this list.

“Hi Mrs. Jones, this is Dr. Anderson. I see we’re meeting at my office tomorrow morning. I just wanted to check whether you had any questions before you come in. Looking forward to meeting you.”

That’s the whole call. Short, warm, done. You are not selling anything and you are not pre-diagnosing. You are simply no longer a stranger.

7 Know their name when they walk in

Nothing is more disarming than being recognized by someone you did not expect to recognize you. A person’s own name is the most beautiful sound in any language, and it lands hardest when they never had to say it first.

The method is simple. You know who is scheduled. Your front desk knows the faces of the patients who have been in before. When someone walks in whose face isn’t in that group, that is almost certainly your 9:00.

“Good morning — are you Mrs. Jones? We’ve been looking forward to meeting you.”

You have to be willing to guess wrong once in a while. It is worth it.

Notice what is not on this list

Nothing here requires new equipment, a marketing agency, or a bigger budget. Every one of the seven is a decision about attention — who makes the call, when it goes out, and whether anyone is accountable for it. That is why practices that decide to fix this tend to fix it quickly.

The Shock and Awe package

Most practices build this backwards.

They open with the doctor's biography and a wide shot of the lobby, then bury “what happens at your first visit” on page five, if it made the cut at all. Flip it. The patient already chose you. Selling is finished. What they want now is to stop being nervous.

Kill the anxiety

- A walkthrough of visit one, minute by minute. *“You'll be greeted by Jamie. We'll talk through what's concerning you, then gather information, take images, and assess where things stand.”* Certainty is the product.
 - A no-judgment promise, in plain words. A large share of new patients are arriving after years away, braced for a lecture. Tell them it isn't coming.
 - Your comfort menu — sedation options, blankets, headphones, whatever you've got.
 - How long it will take. People fear the open-ended appointment more than they fear the appointment.
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Kill the friction

- Parking and door specifics, with photos. Not the glamour shot of the lobby — the actual turn-here, park-there, this-door sequence, with a landmark: *“across from the Casey's.”*
 - A text line for questions, and the after-hours emergency number.
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Kill the money worry

The most-skipped section, and probably the most valuable.

- How you handle insurance, in plain language.
 - Payment and financing options.
 - A no-surprises promise: a written estimate before any treatment, every time.
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Prove it

- Three or four short reviews, chosen deliberately. One from a nervous patient, one from a parent, one from someone who'd been away a long time. Mirrors, not trophies — the patient should see themselves, not your accomplishments.
- The team, not just the doctor. Photos and first names of the people they'll actually meet first. Patients bond with the front desk and the hygienist before they bond with you.
- Credentials translated into benefit. “FAGD” means nothing to a patient. “Has completed more than 1,000 hours of continuing education beyond dental school” does.
- A short video tour behind a QR code. For “what does it actually look like,” video beats stills every time.

Build it vertical and mobile-first. Most of these get opened on a phone, in a parking lot, three minutes before the appointment.

Where does your practice actually stand?

Read each line below and check it only if your practice does it consistently, for every new patient, without anyone having to remember. Most practices check two or three the first time through. That is normal, and it is the point.

THE TRUST SEQUENCE AUDIT

- ☐ We measure our answer rate and know the number.
- ☐ Our team is trained on the 50 most common patient questions and has the correct answer to each.
- ☐ Forms go out digitally and flow into our practice management software with no re-keying.
- ☐ A printable version of every form is available on request.
- ☐ We have a Shock and Awe package, and it opens with the first visit — not the doctor's bio.
- ☐ It includes parking and door photos with a landmark.
- ☐ It answers the money question before the patient has to ask it.
- ☐ Reminders go out at two weeks, two days, and two hours.
- ☐ The doctor personally calls every new patient the day before.
- ☐ New patients are greeted by name before they give it.

Start with number six

If you implement only one item from this guide, make it the doctor's call the day before. It costs ninety seconds, requires no software, no vendor, and no meeting to approve it. You can start tomorrow. Then work outward from there.

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